

STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF INTERGOVERNMENTAL SERVICES
VICTIM JUSTICE AND ASSISTANCE PROGRAM ADMINISTRATION
Subgrant Project Proposal
TECHNICAL ASSISTANCE WORKSHOP - May 23, 2003
REGISTRATION FORM

Name(s) and Title(s) of Individuals to Attend:

(Please attach additional pages, as needed.)

Applicant Organization:

Mailing Address:

 Zip Code:

Telephone Number:

 FAX:

E-Mail Address:

Please let us know if special accommodations are needed in order to ensure the participants' comfort and participation (i.e. interpreters, physical challenges, etc.)

(Please attach additional pages, as needed.)

Are there particular questions that you want addressed at this workshop?

(Please attach additional pages, as needed.)

Please return by FAX to 501-682-5155 no later than May 22, 2003.

Upon receiving your registration, you will be contacted and provided information regarding time and place of the workshop.